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Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT(S)	Complete if Known	
	Application Number	To be assigned 10/565402
	Filing Date	Herewith
	First Named Inventor	David Sizer
	Art Unit	Unknown
	Examiner Name	Unknown Alison Hindenlang
Sheet 1 of 1	Attorney Docket No.	010335USJZF OMNZ 2 00052

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Examiner Initials*	Cite No.	Document No. Number-Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document
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	AB	US-4,222,929	09/16/1980	Shanoski, et al.
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/A.H./	AM	EP 0854157 B1	07/22/1998	Omnova Solutions Inc.	<input type="checkbox"/>
/A.H./	AN	WO 2005/010160 A2	02/03/2005	Omnova Solutions Inc.	<input type="checkbox"/>
	AO				<input type="checkbox"/>
	AP				<input type="checkbox"/>

OTHER - NON PATENT LITERATURE DOCUMENTS

Examiner Initials*	Cite No.	Include name of the author (in CAPITAL LETTERS); title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume/issue number(s), publisher, city and/or country where published	T
	AQ		<input type="checkbox"/>
	AR		<input type="checkbox"/>
	AS		<input type="checkbox"/>
	AT		<input type="checkbox"/>
	AU		<input type="checkbox"/>

Examiner Signature	/Alison Hindenlang/	Date Considered	09/22/2010
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ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /A.H./